

Section XIV

Data Sources

The following lists the data used from both VA and non-VA sources. In using data from VA, Milliman relied on the VA data sources as being accurate and complete. Milliman did not independently audit VA's methodology or sources.

VA Data Sources

- Monthly veteran enrollment for FY 1999, FY 2000, FY 2001, and FY 2002 through December 2001 produced by VHA.
- FY 1996 through FY 1998 VHA health care system users produced by VHA.
- FY 2001 Costs and Costs per Unit for the Nation, VISN, and Facility by TX Service and Location, produced by VHA.
- FY 2001 CDR costs by DRG.
- FY 1999, FY 2000 and FY 2001 Inpatient, Outpatient and Pharmacy workload detail produced by VHA.
- Reliance and Morbidity information from the 1999 and 2000 Enrolled Veterans Surveys.
- Reliance information from CMS match data for CY 1999 provided by VA.
- Veteran VHA User Diagnostic Data for FY 1999.
- The 1999 Health Survey of Veterans (Veterans SF-36 & Health Behaviors) supported and funded by the Office of Quality and Performance.
- The 1999, 2000 and 2002 Veteran Enrollee Surveys provided by Condor.
- 1999 to 2025 Veterans Population Projections produced by VA – “VetPop Version 3.06.”
- 2000 to 2010 Veterans Population Projections by zip and Priority Level produced by VHA.
- Zip Code to FIPS State/County Code Crosswalk produced by VHA.
- 1970 to 1999 Active Duty Loss File provided by VA.
- VA Facility mapping to VA Medical Center Facility (MCCV) detail.

Non-VHA Data Sources

- Assessed and collected copay data for FY 2001 provided by VA.
- Milliman *Health Cost Guidelines* – The Milliman *Health Cost Guidelines* are developed as a result of Milliman's continuing research on health care costs. They were first developed in 1954 and have been updated and expanded annually since then. These Guidelines are continually

monitored as they are used in measuring the experience or evaluating the rates of clients and as they are compared to other data sources. The Guidelines are a cooperative effort of all Milliman health actuaries and represent a combination of their experience, research and judgment. An extensive amount of data is used in developing these Guidelines, including published and unpublished data. In most instances, cost assumptions are based upon Milliman evaluation of several data sources and, hence, are not specifically attributable to a single source. Since these Guidelines are a proprietary document of Milliman, they are only available for release to specific clients that lease these Guidelines and to Milliman consulting health actuaries.

- *M&R Care Guidelines*TM – The *Care Guidelines* are a set of optimal clinical pathways for treating common conditions for patients who have no complications. The Guidelines series is prepared by a highly experienced team of clinicians, actuaries and other health care professionals, whose expertise is combined with the latest research in risk and medical management. The Guidelines are based on the actual practices of clinical physicians throughout the United States. They show the most efficient treatment for a given condition and the typical progress that the uncomplicated patient may expect. The purpose of the Guidelines is not to ration or reduce care, but rather to help minimize waste and inefficiency in the health care system, thereby making the best use of the limited health care resources available. The Guidelines are updated each year and are reviewed by practicing physicians, academic physician advisors in specific areas of specialty practices, and users of the Guidelines.
- Milliman Hospital LOS Efficiency IndexTM – The LOS Efficiency IndexTM, developed by Milliman, measures how efficient an individual hospital is relative to hospitals with the shortest length of stay (LOS). Actual hospital discharge data are presented on a hospital-by-hospital and DRG-by-DRG basis to identify most efficient practices adjusted for case mix and severity. The index serves as a basis for comparing the relative efficiency of lengths of stay among hospitals, as well as by diagnosis within a hospital.
- Principal Mortality Tables, U.S. Life 1969-71 Total Male and Female, White and Non-White. Published by Tillinghast, Nelson & Warren, Inc., 1977.
- Disability Payment System (DPS) SAS Program, created by Richard Kronick, Lora Lee, Tony Dreyfus, and Zhiyuan Zhou, © 1996 The Regents of the University of California.
- 1996 MarketScan[®] Database from the MedStat Group, obtained February 1999. Public use files, issued by CMS, known as the “Standard Analytical Beneficiary Encrypted Files.” Representing a 5% selection sample of all Medicare claims received by CMS, incurred 1/1/96 through 12/31/96, paid through June 30, 1997.
- U.S. Census Bureau Tables
 - American with Disabilities: 1997 – Table 1
 - CPS Detailed Poverty Tables: 2000 P60 Package – Table 2